

THE OFFICE OF THE COUNTY CLERK COUNTY OF MONMOUTH

CHRISTINE GIORDANO HANLON
MONMOUTH COUNTY CLERK



ELECTION OFFICE
300 HALLS MILL ROAD
FREEHOLD, N.J. 07728-1251
Phone: 732-431-7790
Fax: 732-409-4887

To the Clerk of Monmouth County:

I, the undersigned, request a replacement ballot for the following reason:

- ☐ I did not receive a ballot
☐ My ballot is torn, incorrectly marked or damaged
☐ My ballot is misplaced
☐ Other _____

Voter's Name (Print) _____

Voter's Signature _____

D.O.B. _____

Address _____

City _____

If someone is picking up your ballot for you, then you MUST complete the Authorized Messenger section below.

Authorized Messenger

Any voter may apply for a Mail-In Ballot by Authorized Messenger. Messenger shall be a family member or a registered voter of this County. No Authorized Messenger can (1) be a Candidate in the election for which the voter is requesting a Mail-In Ballot or (2) serve as messenger for more than THREE qualified voters per election.

I designate _____ to be my Authorized Messenger.

Print Name of Authorized Messenger

Address of Messenger	Apt.	Municipality (City/Town)	State	Zip	Date of Birth / /
_____	_____	_____	_____	_____	_____

Signature of Voter **X** _____ Date / /



Authorized Messenger must sign application and show photo ID in the presence of the County Clerk or County Clerk designee.

"I do hereby certify that I will deliver the Mail-In Ballot directly to the voter and no other person, under penalty of law."

Signature of Messenger	Date / /
X _____	_____